

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO:

101579153

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		2		1		
5		11		1		
6		11		1		
7		11		11		
8	1		1			
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TOTAL IND.			↓	2	↓	↓
TOTAL DEP.			←	6	←	←
TOTAL CLAIMS			8			

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.				↓		↓
TOTAL DEP.			←	6	←	←
TOTAL CLAIMS			8			